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# Need and Availability of Substance Abuse Services for DSS Consumers

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# **Need and Availability of Substance Abuse Services for DSS Consumers**

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**October, 1989**



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## NEED AND AVAILABILITY OF SUBSTANCE ABUSE SERVICES FOR DSS CONSUMERS

### INTRODUCTION

This problem (drug and alcohol abuse) is not limited to one age group, sex, social class, or racial or ethnic group any more than it is restricted to one type or category of drug. (Kelleher, Murray, Shapiro, 1983).

Recent reports on substance abuse have dealt extensively with physiological effects, intervention, and prevention of drug and alcohol abuse, yet there is scarce information about the social impact of parental use of drugs and alcohol on infants and children. The Massachusetts Department of Social Services, like other child welfare agencies across the country, has focused on this problem more than almost any other over the past year. One result of this increased attention has been Project Protect, a combined policy statement and procedural guidelines for caseworkers that deals with the issues of substance abuse and domestic violence in relation to child protective services. A related outcome was a study of the association of substance abuse with confirmed reports of child maltreatment in the city of Boston. A third aspect of the focus on substance abuse in relation to child protective services is reported below. It is a summary of an assessment of the needs of families, in the Department's caseload, that are affected by the use of drugs and alcohol. In doing so, the needs of the family as a unit are considered, rather than those of the abuser alone, because of the impact of substance abuse on the health and safety of the children.

The Massachusetts Department of Social Services (DSS) had been receiving anecdotal evidence linking the increasing drug use in communities throughout the state to the escalating number and increasing level of violence in child abuse cases. This evidence had influenced the DSS to further investigate the association of substance abuse with child abuse reports, leading to a study of

the problem in a more systematic fashion. An initial incidence study in Boston (Herskowitz, Seck, and Fogg, 1989) indicated that two-thirds of all supported reports of child abuse and neglect were associated with substance abuse. The pattern of substance abuse in the Boston study indicated use of cocaine by a family member in 42% of the of supported reports sampled. Excessive alcohol use was reported in 31% of the investigations. Multidrug use was very common. Only in 36% of the cases was no substance abuse identified. Although the Boston study did not support or contradict views that associate increased cocaine usage and serious physical abuse of children, it did indicate a consistent problem of severe and chronic neglect of young children whose parents were addicted to cocaine. In many cases, the neglect included a total lack of food, milk, or diapers in the house. Medical and educational neglect, as well as lack of supervision and even abandonment of young children by drug users, were also identified in the investigations of maltreatment.

A similar study of a statewide sample of supported reports of child abuse and neglect is being conducted currently. Initial indications are that, in Massachusetts, substance abuse by caretakers is a concurrent factor in about two-thirds of the cases of children with supported reports for physical abuse, neglect, or emotional maltreatment. On an annual basis, close to 20,000 children are the subjects of over 13,000 supported investigations of abuse and neglect.

In contrast to the above numbers, there were about 900 DSS referrals to the Department of Public Health's (DPH) drug and alcohol services in fiscal year 1989 (up 13% from FY88). DSS referrals to DPH providers were different from referrals from other community sources. For example, the mean age of the DSS-referred group was 26 years versus 35 years for all referral sources. Sixty-eight percent of DSS clients referred to DPH for drug and alcohol treatment were female (versus 24% for other referral sources). DSS clients were also more likely to be



referred for use of cocaine and crack (28%), than were other sources of referrals (21%). DSS was clearly the principal referral source for adolescents and young adult women. On the other hand, these two groups were a small proportion of all referrals to DPH substance abuse services.

All DSS Area Directors were surveyed in order to ascertain to what the difference between referrals for treatment and the number of DSS families in need of such services was due. The survey results are reported below.

### METHODOLOGY

In assessing the needs for and the availability of drug and alcohol treatment services, an instrument was designed to ascertain the extent and kinds of resources needed by DSS social workers in order for them to provide help to DSS families affected by drug and alcohol abuse. (See Appendix B.) Respondents were asked to rank both the need and availability of substance abuse treatment services for DSS consumers. Services ranged from detoxification to residential treatment, outpatient services, and self-help groups. Access to various services for the type of client was also examined, e.g., adult men, adolescents, mothers with and without child care needs, pregnant women and teens, and battered women.

In addition to service need and availability, the survey was designed to characterize what supports were available to area staff. Respondents were asked to rank their needs for training in the following areas: (a) diagnosis, assessment, and development of service plans; (b) locating or utilizing treatment resources; (c) identifying risk factors to children; (d) dealing with resistant or hostile clients; (e) the impact of substance abuse on family functioning; and (f) cultural issues. Similarly, respondents were asked to evaluate the assistance, protection, or support to DSS families from other (non-DSS) community agencies.

The surveys were sent to all Area Directors, who were requested to join their efforts with area program managers, supervisors, and others to assess the size and nature of the drug and alcohol problems in their caseloads and the need and availability of substance abuse treatment services in their areas. After completion and return of thirty-eight surveys (out of forty), the needs assessment data were analyzed for:

- \* the estimated percentage of open cases involving drugs or alcohol;
- \* the estimated percentage of supported abuse and neglect reports involving drugs or alcohol;
- \* what and how much DSS staff do and do not know about substance abuse-related problems;
- \* the consumer groups most in need of drug and alcohol services;
- \* the availability of drug and alcohol treatment services for DSS consumers in each area; and
- \* the severity of need based on waiting time, rejections, and other data kept by the areas.

## SURVEY RESULTS

### PERVASIVENESS OF SUBSTANCE ABUSE IN THE DSS CASELOADS

Area responses indicated that most open cases as well as the majority of child maltreatment reports include substance abuse as a factor. Eighty-seven percent of the area responses (33 areas) indicated that over 50% of the families in open cases are drug and/or alcohol involved. Nine areas (24%), primarily among the most urbanized, found 75% and more of their cases as alcohol/drug related. The more suburban Framingham and Weymouth Areas were included in this group, however. Only 13% (5 areas) estimated that 25% to 50% of their cases were drug/alcohol related. Surprisingly, the Holyoke and Worcester Area Offices were in this



group; the other areas were primarily suburban communities. None indicated less than 25% involvement. (See Figure 1.)

The areas estimated that a somewhat smaller percentage of supported child abuse and neglect reports were associated with drug and alcohol abuse. Seventy-six percent of the areas estimated substance abuse as a factor in 50% or more of child abuse and neglect (CA/N) reports. In half the areas, supported CA/N reports involved with alcohol or drugs ranged between 51% and 75%. Two areas, suburban Norwood and Blackstone Valley, reported less than 25% of their supported reports and ten areas, again mostly highly urbanized, reported over 75% of their supported cases as substance abuse-related. (See Figure 2.)

#### KNOWLEDGE AND TRAINING NEEDS

One-fourth of the areas responding had no resource directories available for staff. Of the 76% who did, few were current. The most common directories were those issued by the Department of Public Health (DPH) and the Massachusetts Bar Association, and the Human Services Yellow Pages. Since this survey was completed, however, current DPH resource directories have been distributed to all DSS sites although not in the quantity needed. It is anticipated that a more updated version of the DPH directory will be available to all case managers in November, 1989.

Further staff training on substance abuse issues is clearly desired by the majority of areas. One office reported staff as being "very knowledgeable" about problems related to substance abuse; eight thought staff were "knowledgeable;" and the remainder were "somewhat knowledgeable, but wanted more training."

The areas of training (concerning substance abuse) that were cited as most important were: identification of risk factors (66%); diagnosis, assessment, and development of service plans

Figure 1. PERCENT OPEN CASES IN DSS AREAS INVOLVED WITH SUBSTANCE ABUSE  
N = 38

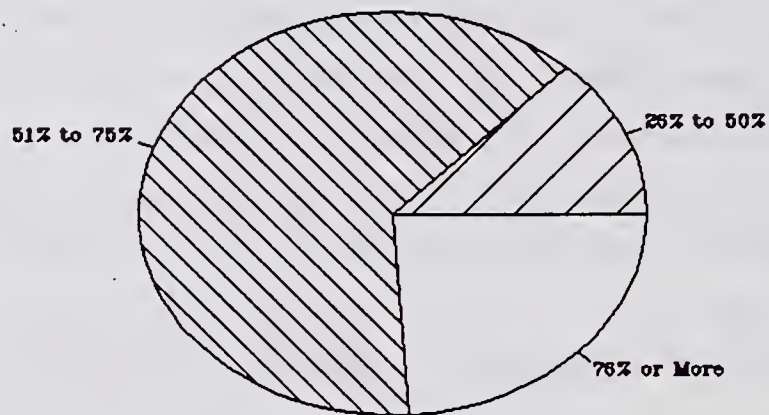
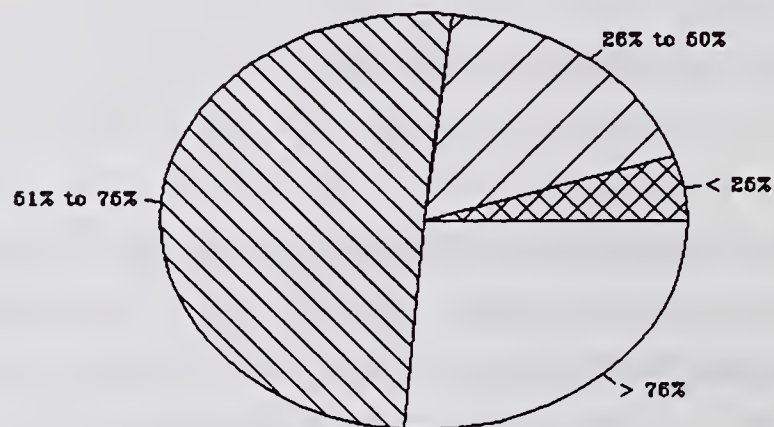


Figure 2. PERCENT OF SUPPORTED A/N REPORTS INVOLVED WITH SUBSTANCE ABUSE IN DSS AREAS



(53%); impact of substance abuse on family functioning (53%); and dealing with hostile/resistant clients (42%). Respondents thought that training about locating resources (15%), and training about cultural issues (5%), were less important.

#### SERVICES/HELP FOR CHILDREN AFFECTED BY SUBSTANCE ABUSE

The respondents were asked to rate the ability of various community resources in providing assistance to children affected by substance abuse and related family violence. The rating was scaled as follows: "excellent," "very good," "good," "fair," and "poor." Respondents indicated that the health care system was the most supportive; 55% of the respondents gave it a "good" or better rating. Also with "good" or better ratings in about half the areas, were the schools (50%), the police (50%), and the courts (47%).

The Areas assessed the private social service agencies, extended families, cultural and religious institutions, the mental health system, and friends to be generally "fair" supports. Only employers were rated primarily "poor" as community resources in providing help to children affected by their caretakers' problems with alcohol and drugs.

#### AVAILABILITY OF TREATMENT RESOURCES

The overall availability of resources was described as "available, but difficult to obtain" statewide (Figure 3). Long waiting lists, lack of medicaid eligibility, and the lack of other third party insurance were the most frequently cited barriers to service delivery.





Figure 3. OVERALL AVAILABILITY OF TREATMENT RESOURCES

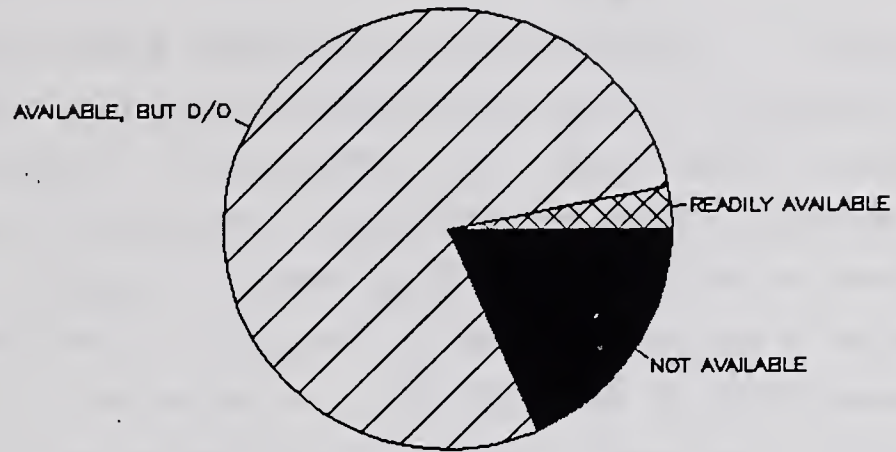
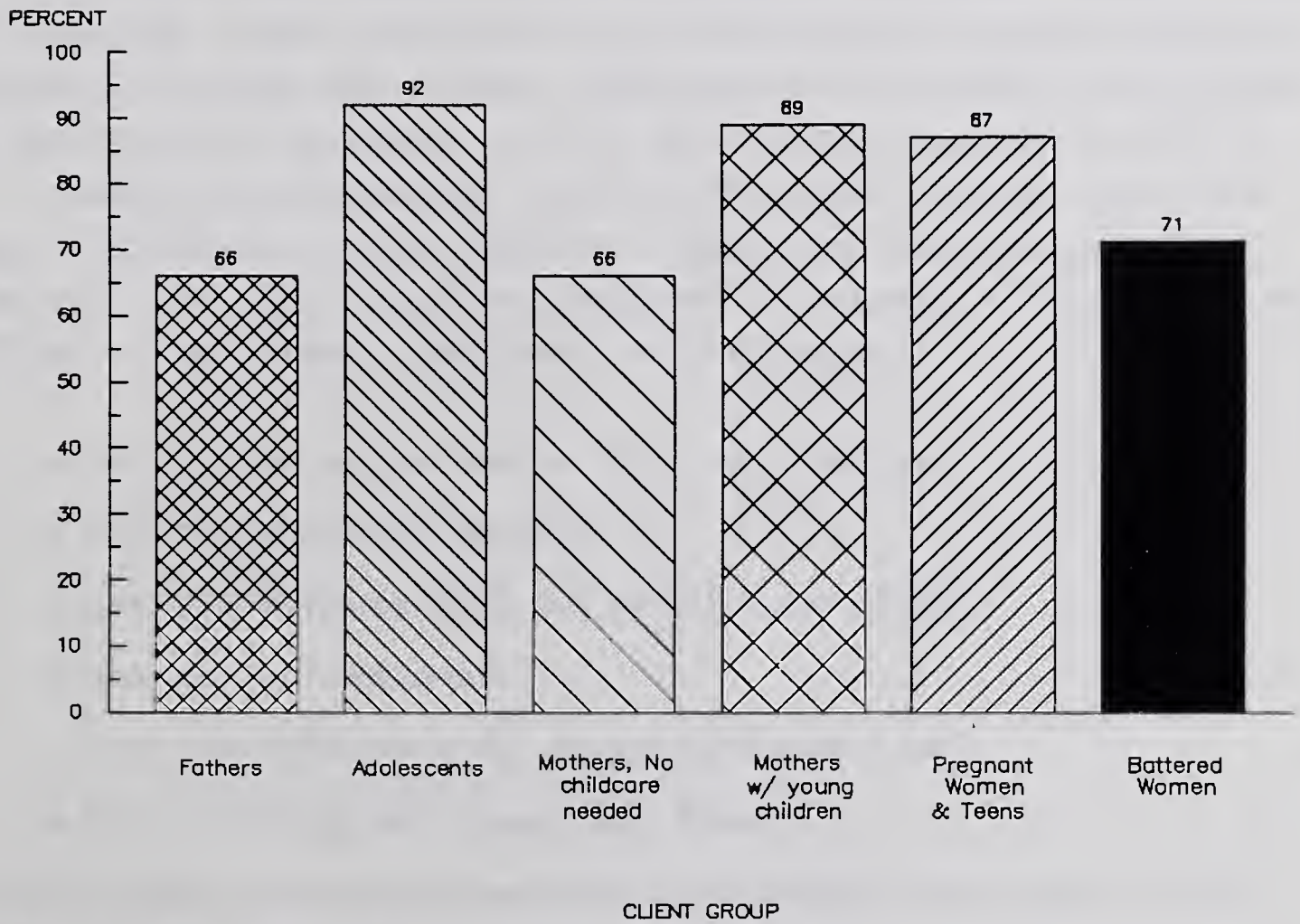


Figure 4. AREAS WITH INADEQUATE TREATMENT RESOURCES





## DRUG TREATMENT

Areas were asked about the availability of drug treatment services to area clients. Classifications for answers were "readily available," "available, but difficult to obtain," "not available," or "not sure" (about their availability).

Self-help groups comprised the only service modality, that was readily available to most consumer groups. The self-help groups, Narcotics Anonymous, ALANON, and ALATEEN were "readily available," in the majority of areas. However, Cocaine Anonymous was readily available in less than 30%, and unavailable or the respondent was not sure if it was available in 55%. Cocaine Anonymous (CA) is not as well established as other self-help groups and CA groups are not, as yet, as well known to DSS staff or consumers.

Detoxification centers and outpatient treatment facilities for drug use were "available" or "available, but difficult to obtain" in 76% of the areas; inpatient services were "available, but difficult to obtain" in 66%, and halfway houses in 55%.

Community residential services for drug abusers were the least available service modality. Regarding the groups of consumers for whom community residential services (CRS) were "not available," the areas reported the following:

- 50% of the areas had no CRS for fathers;
- 58% for battered women;
- 58% for mothers with no child care needs;
- 66% for adolescents;
- 76% for mothers with young children; and
- 82% for pregnant women and teens.

Only one area reported community residential services readily available, but only for fathers.



## ALCOHOL TREATMENT

Similar to the drug treatment responses, the areas indicated that self-help groups for alcohol treatment were "readily available" [Alcoholics Anonymous (84%) and ALATEEN (71%)].

Alcohol detoxification centers were "readily available" in 32%, twice the percentage of drug detoxification facilities. Alcohol detoxification centers were "available, but difficult to obtain" in 55% of the areas.

Both inpatient and outpatient treatment services were reported "available, but difficult to obtain" by 60% and 65% respectively. In ten areas, inpatient treatment facilities were not available at all. Halfway-houses were "available, but difficult to obtain" in 58% of the areas and fourteen areas (37%) claimed non-availability.

As with drug treatment, community residential treatment services were the least available. Concerning the groups of consumers for whom community residential services were not available, the areas reported the following:

- 50% of the areas had no CRS available for fathers;
- 50% for mothers with no child care needs;
- 55% for battered women;
- 63% for adolescents;
- 63% for mothers with young children; and
- 76% for pregnant women and pregnant teens.

## CONSUMER GROUP ANALYSIS

Respondents in 95% of the areas agreed that the needs for treatment services for mothers with young children were the most severe relative to the other groups. The second highest need for alcohol and drug services was attributed to adolescents (71%).



However, the needs of pregnant women and pregnant teens ranked surprisingly low, with only 37% of respondents who thought the needs of this group were high relative to others. Alcohol and drug treatment centers throughout the state have been very reluctant to take pregnant women, because of possible medical problems and legal liability issues. The low needs ranking given this group may be due more to the even higher needs of women with young children and of adolescents, rather than being a low absolute need.

According to recent research, the effects of alcohol, cocaine, heroin, marijuana and other drugs on fetuses and newborns include prenatal strokes, tremors, motor, cognitive, and emotional deficiencies, low birth weight, fetal death, and prematurity. These undesirable fetal outcomes alone are a reason to accept pregnant women into treatment programs. The lack of community residential services for pregnant and parenting women, particularly those that allow women to keep their older children and/or infants with them, is even greater. Only two such programs exist, one in Somerville and one in Boston. A third, for Latina women, is scheduled to open soon in Boston.

Non-pregnant women with young children face an even more severe problem. Only one program that allows children to stay with their mothers is available now. Another six programs, with a statewide distribution, for homeless, substance abusing women and their children are planned. Residents would remain six to nine months for treatment and support services. The first may open as soon as next winter. At maximum capacity, however, the six programs together will house 35 to 45 families at any one time.

Respondents indicated high needs for drug and alcohol services for battered women in only 8% of the areas. This statistic should not be interpreted in a way that minimizes the significance of the substance abuse problems of battered women, because ranking was used to describe the relative priorities of

the needs of the various groups, not the absolute level of need of any one group.

Similar to the issues of pregnant women and pregnant teens, battered women with young children have also not been getting the drug and alcohol treatment services they need. In addition, battered women's shelters are lacking resources and are frequently so overwhelmed trying to provide space and protection, they cannot deal directly with residents' needs for alcohol and drug treatment. Too few provide substance abuse treatment as an integral part of their program.

Alcohol and drug treatment services were found to be generally lacking. At the high end of availability, 29% of the areas found resources for fathers adequate and 24% believed them to be adequate for mothers with no child care needs. On the other hand, 92% of the areas reported inadequate resources for adolescents; 89% for resources for mothers with young children, and 87% for pregnant women and pregnant teens. Finally, treatment services for battered women were viewed inadequate in 71% of the areas, confirming that the low percent of areas ranking this group in terms of high need was only indicating its relative position to other, even more needy groups. (See Figure 4.)

Alcohol and drug treatment services for mothers with young children are among the least available. Combined with the observation that this group is also the most in need for services, leads to the conclusion that the service system must concentrate its efforts on provision of resources to this group.

#### GEOGRAPHIC DIFFERENCES

Geographic differences were minimal. Half the areas in central Massachusetts reported that 50% or less of their open cases were alcohol and/or drug involved. Areas in all other parts of the state showed higher percentages of alcohol and drug abuse



related to their cases. The supported child abuse and neglect reports involved with drugs and alcohol indicated similar patterns: in all sections of the state, with the exception of central Massachusetts, the majority of the areas reported that more than 51% of supported reports had drug and alcohol involvement. Conversely, the Boston and metropolitan Boston areas indicated extremely high percentages (76% or more) in both their open cases and their supported reports, that were alcohol and drug related.

No geographical differences have been found in terms of the areas' overall needs for services. Areas from all parts of the state indicated that services, which were available to them, were also difficult to obtain. Only in one area of western Massachusetts were services reported as readily available.

One respondent's statement helps illuminate the barriers to providing treatment services:

Out of six families who agreed to be referred for substance abuse treatment, two went to treatment. Both of these clients had to wait 2 to 3 weeks for a bed. The other four had to wait 5 weeks, became re-involved with drug-taking friends, and refused to go to treatment when a bed became available.

Social workers and supervisors find this type of situation "very discouraging." Recent regulatory changes that allow Medical Assistance (Medicaid) payments for previously uncovered outpatient and detoxification services may help alleviate some shortages, as these services expand their capacity in response to the new funding source. The very acute shortages in residential treatment beds, however, are unlikely to be remedied in the near future.

In terms of staffing, areas from all parts of the state agreed that more training in substance abuse issues was needed for most of their staff. One area in southeast Massachusetts stated that its staff were very knowledgeable about substance

abuse-related issues. Overall, the need for further training of line workers in substance abuse issues is significant statewide.

Area and Social Service Center-specific summaries can be found in Appendix A.

## SUMMARY AND RECOMMENDATIONS

\* The Boston and statewide studies of child maltreatment cases, as well as the area needs survey, indicate a prevalence rate of 60 to 65% for drug and alcohol abuse among DSS cases. In addition, twice as many areas estimate a prevalence of over 75% as areas estimating a rate of under 50%.

\* While most area staff have had some training on substance abuse issues, three-fourths of the areas report a need to increase their knowledge on substance abuse, particularly in the areas related to risk identification; diagnosis, assessment, and service planning; impacts on families; and intervention strategies.

RECOMMENDATION 1: Although there has been further training of area supervisors since the survey was issued, training may need to be expanded in the following ways:

- a) be made mandatory for all staff and made a higher priority area of pre-service training;
- b) be incorporated into in-service training with an initially high enough frequency so that all staff are able to attend over the next twelve months; and
- c) add to the above training [b)], the skills needed by case managers to do a preliminary assessment for drug and alcohol services.

\* Outpatient counseling and outpatient detoxification (including methadone) are the second most available treatment modalities (after self-help) for all client groups, except perhaps adolescents. Furthermore, their availability will increase over the next year as they are now Medicaid-reimbursible and provider capacity will expand as a result. Acupuncture detoxification (for cocaine, heroin, and polydrug users) is also coming into greater use as an outpatient modality.



\* Community residential services, particularly for women with child care needs, pregnant women and teens, and adolescents, is in the shortest supply. Some expansion for the first group is expected as there will be some additional capacity in the form of specialized shelters housing women in treatment and their children, but widespread expansion of community residential services is unlikely, given their cost.

Recommendation 2: If they have not already done so, Area and Social Service Center Directors should make an effort to get to know the Regional Managers from the DPH's Division of Substance Abuse Services. They are very knowledgeable both about treatment for substance abuse problems and about the providers in their respective Regions.

Recommendation 3.: Social workers should not consider residential care the only effective treatment. In many cases, outpatient detoxification and follow-up services, or outpatient services following an inpatient detoxification can be quite effective. More extensive use needs to be made of outpatient services - evaluation, counseling, acupuncture, methadone dosing, day treatment - alone and in combination with each other; inpatient detoxification; and where appropriate, ongoing monitoring for drug use by testing. To do so, it is necessary to know the local treatment system well (see Recommendations 2 and 4).

Recommendation 4: Current Department of Public Health directories for drug and alcohol services are now at all DSS service sites. Many more copies - hopefully one per case manager - should be there shortly. It is recommended that a designated area manager, for now, and eventually each social worker keep their directories annotated with up-to-date information on such factors as wait lists, special procedures for intake, quality of services as perceived by the consumer as well as the worker, personal contact information, and so on.

\* Service availability varies by the treatment modality, as well as by the client group. Self-help groups (AA, NA, Alateen, etc.) are the most available modality to all consumer categories, probably because they are not dependent on public or private funding or on licensed providers. They are, however, very

effective services, especially in conjunction with other, more clinical treatments.

\* Although self-help groups for different kinds of addictions are available and adequate in communities throughout the state, the cocaine-specific self-help groups (Cocaine Anonymous or CA) are less widely distributed and are not as well known within the DSS referral system. Cocaine is, however, the most frequently used drug by DSS consumers in Boston and a significantly used drug elsewhere in the state.

RECOMMENDATION 5.: There should be more referrals to and participation by DSS clients in Cocaine Anonymous. CA is not as widely available as AA or NA; also, DSS staff may not be as familiar with it. Central or area management staff should ascertain where CA groups are present and alert area Social Workers to their availability. Where they are not present, but needed, the CA parent organization can be contacted about starting up new groups. Also, a client recovering from a cocaine habit should not wait to attend a CA group; NA and even AA groups are likely to be as good for most consumers, as polydrug use is the norm rather than the exception and the "12-step" program is basically the same for each. Unavailability due to language can be dealt with in the same way as geographic unavailability (for NA or AA as well).

\* The survey results indicated that while substance abuse treatment was predominantly seen as unavailable to battered women as a group, respondents also indicated that services to battered women were of a lower priority for the areas than for other groups. In other words, relative to women with child care needs, pregnant women, and adolescents, there was less of a need for services for battered women. This is most likely due to battered women being perceived, perhaps inaccurately, as a smaller group of DSS consumers than the others.

Recommendation 6: By itself, the occurrence of physical abuse of the mother of young children by a man in the household may be the most predictive risk factor for subsequent physical abuse of the child or children. At minimum, it is emotional maltreatment. Combined with drug or



alcohol abuse, by either adult, it is potentially very harmful to the children and the woman. Protection of the children is clearly the social worker's first priority in such cases. Removing the batterer or, if that is not possible, removing the children and their mother from the home together is preferable to removal of the children alone, if the mother is able to provide appropriate care for her child(ren).

If it is the mother that is in need of treatment for drug or alcohol abuse, as well as protection from the batterer, a battered women's shelter that provides treatment as well as protection, is desirable. Alternatively, if the mother and children can remain together at home (without the batterer) or go to a shelter that does not provide such treatment, substance abuse treatment should be arranged by her DSS case manager as soon as possible. As long as the mother is affected by the drugs, she will be unable to adequately protect or nurture her child(ren) without, at minimum, the support of a treatment program.

#### REFERENCES

Herskowitz, J., M. Seck, and C. Fogg 1989 Substance Abuse and Family Violence, Part 1: Identification of Substance Abuse During Child Abuse Investigations in Boston. Massachusetts Department of Social Services.

Kelleher, M. E., B. K. MacMurray, and T. M. Shapiro 1983 Drugs and Society. Kendall/Hunt Publishing Co., Dubuque, Iowa

APPENDIX A  
AREA AND SOCIAL SERVICE CENTER  
SUMMARIES





DEPARTMENT OF SOCIAL SERVICES  
ALCOHOL AND DRUG TREATMENT NEEDS ASSESSMENT  
AREA INFORMATION  
July 31, 1989

The following summaries are derived from information acquired as a result of a survey of needs for alcohol and drug treatment resources for families in the current case load. The data are based on reports from forty area offices and social service sites in the state.

WESTERN MASSACHUSETTS

SUMMARY OF PITTSFIELD AREA OFFICE

It is estimated that the percentage of open cases, and also child abuse and neglect reports in this office that are drug/alcohol involved are 51% to 75%. There were no guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems. Training of social workers is needed to deal with the impact of substance abuse on family functioning. Mothers with young children are most in need of drug and alcohol treatment.

Drug/alcohol treatment resources were found to be adequate for fathers/other adult males and mothers with no child care needs; and inadequate for adolescents, mothers with young children, pregnant women/ pregnant teens, and battered women. The following resources for drug treatment are readily available: detox, out-patient treatment facilities, and self-help groups (NA, CA, ALANON, ALATEEN). Halfway houses are available but difficult to access. The following resources for drug treatment are not available: in-patient treatment facilities, community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens, and battered women.

The following resources for alcohol treatment are readily available: detoxification, out-patient treatment facilities, and self-help groups (AA, ALANON, ALATEEN). Halfway houses are available, but difficult to access. The following resources for alcohol treatment are not readily available: In-patient treatment facilities, community residential facilities for fathers/other male adults, adolescents, mothers/ no child care needs, mothers with young children, pregnant women/ pregnant teens, and battered women.

The most important treatment resource which is needed, but not available is community residential facilities for all ages. Treatment resources are, overall, readily available. Three readily available resources are detox programs, counseling, AA groups.



SUMMARY OF GREENFIELD/NORTHAMPTON AREA - NO DATA RECEIVED

SUMMARY OF HOLYOKE AREA OFFICE

It is estimated that the percentage of open cases, and also child abuse and neglect reports in this office that are drug/alcohol involved are 26% to 50%. The guides/directories available for referrals at the time of the survey was: the DPH Directory of Alcohol and Drug Treatment Programs. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. Training of social workers is needed in diagnosis, assessment, and development of service plans. Fathers/other male adults are most in need of treatment services. Drug/alcohol treatment resources were found to be inadequate for fathers/other male adults, adolescents, mothers with no child care needs, mothers with young children, pregnant women/pregnant teens, and battered women.

The following resources for drug treatment are readily available: ALANON(drug) and ALATEEN(drug). The following resources for drug treatment are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens, and battered women, and self-help groups (NA, CA, ALANON,drug, ALATEEN,drug).

Self-help groups (AA, ALANON, ALATEEN) are readily available resources for alcohol treatment. The following resources for alcohol treatment are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults, and adolescents.

The treatment resource that is most needed, but not available is for mothers with children. Treatment resources are, overall, available, but difficult to access. Three readily available resources are ALANON, ALATEEN, AA.

WESTFIELD SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases in this office that are drug/alcohol involved is 76% and more. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. At the time of the survey this office possessed a limited number of directories which were not current. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. Training of social workers is needed in dealing with resistant/hostile clients. Adolescents are most in need of drug/alcohol treatment. Drug/alcohol treatment resources are inadequate for the following groups: fathers/other male adults, adolescents, mothers with young children, pregnant women/pregnant teens, and battered women.

NA and ALATEEN(drug) are readily available resources for drug treatment. Community residential facilities for mothers with no child care needs for drug treatment are available, but difficult to access. The following resources for drug treatment

are not available: out-patient treatment facilities, halfway houses, and community residential facilities for adolescents and mothers with young children.

The following resources for alcohol treatment are readily available: detox, in-patient treatment facilities, AA, ALANON, and ALATEEN. Community residential facilities for mothers with no child care needs for alcohol treatment are available, but difficult to access. The following resources for alcohol treatment are not available: out-patient treatment facilities, halfway houses, and community residential facilities for adolescents and pregnant women/ pregnant teens.

The most important resource which is needed, but not available is community residential facilities with child care. Treatment resources for substance abuse are, overall, available but difficult to access. There is an excessive wait for adolescent Community Residential Services (up to six months). Three readily available resources are AA, ALANON, and ALATEEN.



## SUMMARY OF SPRINGFIELD AREA OFFICE

It is estimated that the percentage of open cases, and also child abuse and neglect reports in this office that are drug/alcohol involved are 76% and more. The guides and directories were inadequate at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. Training of social workers is needed to deal with impact of substance abuse on family functioning. Mothers with young children are most in need of drug/alcohol treatment.

Drug/alcohol treatment resources were found to be inadequate for: fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens, and battered women.

NA and CA are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, community residential facilities for fathers/other male adults, and for mothers/no child care needs, ALANON (drug), ALATEEN (drug). Community residential facilities for adolescents, mothers with young children, pregnant women, pregnant teens, and battered women do not have resources available for drug treatment.

AA and ALANON are resources readily available for alcohol treatment. The following resources are available, but difficult to access: detox, in-patient treatment facilities, out-patient facilities, halfway houses, and community residential facilities for fathers/other male adults. Community residential facilities are not available resources for: adolescents, mothers/no child care needs, mothers with young children, and pregnant women/pregnant teens.

The most important resource which is needed, but not available is drug treatment for adults. Treatment resources are, overall, not available. The most available (shortest wait-list) resource is outpatient drug counseling for adults.

## SUMMARY OF FITCHBURG AREA

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. The office did have in its possession guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is dealing with the impact of substance abuse on family functioning. Mothers with young children are most in need drug/alcohol services. Drug/alcohol treatment resources are adequate for fathers/other male adults, mothers/no child care needs, mothers with young children, and battered women. Drug/alcohol treatment resources are inadequate for adolescents and pregnant women/pregnant teens.

The following resources are readily available for drug treatment: detox, in-patient treatment facilities, out-patient treatment facilities, and ALANON. Resources that are available for drug treatment, but difficult to access are: halfway houses, community residential facilities for adolescents, NA, and ALATEEN(drug). Community residential facilities for pregnant women/pregnant teens are not available.

The following resources are readily available for alcohol treatment: detox, in-patient treatment facilities, out-patient treatment facilities, and ALANON(drug). Resources that are available for alcohol treatment, but difficult to access are: halfway houses, community residential facilities for adolescents, AA, and ALATEEN. Community residential facilities for pregnant women/pregnant teens are not available.

Treatment resources for substance abuse are, overall, available, but difficult to access. There is a major problem getting treatment for adults, resulting from lack of medical coverage and lack of client's motivation.

## SUMMARY OF GARDNER SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases, and also child abuse and neglect reports in this office that are drug/alcohol involved is 26% to 50%. This office did have guides/directories in its possession at the time of the survey, such as the DPH publication, "Treatment programs serving adolescents with drinking problems." The staff is knowledgeable of substance abuse related problems, but would like further training. Training of social workers is needed to deal with the impact of substance abuse on family functioning. Mothers with young children are most in need of drug and alcohol treatment. Drug and alcohol treatment resources were found to be inadequate for all groups of consumers.

The only readily available resource for drug treatment is out-patient treatment facilities. The following resources for drug treatment are available, but difficult to access: Detox, in-patient treatment facilities, halfway houses, community residential facilities for all groups and NA. The following resources for drug treatment are not available: Cocaine Anon, ALANON and ALATEEN.



Detox and out-patient treatment facilities are the only readily available resources for alcohol treatment. The following resources for alcohol treatment are available, but difficult to access: in-patient treatment facilities, halfway houses, community residential facilities for all groups and AA, ALANON and ALATEEN.

The treatment resource which is most needed, but not available is self-help groups for drugs. Treatment resources are, overall, available, but difficult to access. Three readily available resources are: out-patient counseling (alcohol), self-help groups (for alcohol in urban areas only), and detox centers which are available, but are out of the area. There is a great need in the Gardner area for a drug testing site for both teens and adults, funded either through Medicaid or contract. Also there is a need for youth oriented NA and AA meetings.



## SUMMARY OF SOUTH CENTRAL AREA OFFICE

It is estimated that the percentage of open cases in this office that are drug/alcohol involved is 51% to 75%. The estimated percentage of child abuse and neglect reports that are drug/alcohol involved is 26% to 50%. There were no guides/directories for referrals to drug treatment at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. Training of social workers is needed to deal with the impact of substance abuse on family functioning. Mothers with young children are most in need of drug and alcohol treatment. Drug/alcohol treatment resources were found to be inadequate for all groups of consumers.

There are no readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: out-patient treatment facilities, NA, ALANON(drug), and ALATEEN(drug). The following resources are not available for drug treatment: detox, in-patient treatment facilities, halfway houses, and community residential facilities for: fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. Out-patient treatment facilities are available for alcohol treatment, but difficult to access. The following resources are not available for alcohol treatment: detox, in-patient treatment facilities, halfway houses, and community residential facilities for: fathers/other male adult, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

The most needed resource which is not available is in-patient detox. Treatment resources for substance abuse are, overall, available, but difficult to access. Several readily available resources are: Tri-Link, Prospect House, AA, ALANON, and ALATEEN.

## SUMMARY OF BLACKSTONE VALLEY SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that involve drugs/alcohol is 26% to 50%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is less than 25%. This office did have in its possession guides/directories for referrals for drug treatment. The staff is knowledgeable of substance abuse related problems. The type of training, specific to substance abuse related problems, most needed by social workers, is locating/utilizing treatment resources. Fathers/other male adults are most in need of drug/alcohol services. Drug/alcohol treatment resources are adequate for: fathers/other male adults, mothers/no child care needs, pregnant women/pregnant teens and battered women. Drug/alcohol treatment resources are inadequate for adolescents and mothers with young children.

There are no readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: NA, CA, ALANON and ALATEEN. The following

resources are not available for drug treatment: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following resources are not available for alcohol treatment: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## SUMMARY OF WORCESTER AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug alcohol involved is 26% to 50%. This office did have in its possession guides/directories for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is diagnosis, assessment and development of service plans. Fathers/other male adults are most in need of drug/alcohol services. Drug/alcohol treatment resources are adequate for fathers/other male adults and mothers/no child care needs. Drug/alcohol treatment resources are inadequate for adolescents, mothers with young children, pregnant women/pregnant teens, and battered women.

The following resources are readily available for drug treatment: detox, out-patient treatment facilities, NA, ALANON(drug), and ALATEEN(drug). Treatment resources that are available for drug treatment, but difficult to access are: in-patient treatment facilities, halfway houses, and community residential facilities for adolescents, mothers/no child care needs and mothers with young children. Community residential facilities for pregnant women/pregnant teens and battered women, and CA are not available resources for drug treatment.

The following resources are readily available for alcohol treatment: detox, out-patient treatment facilities, AA, ALANON, and ALATEEN. Resources that are available for alcohol treatment, but difficult to access are: in-patient treatment facilities, and community residential facilities for fathers/other male adults, adolescents, mothers with young children, and mothers/no child care needs. Community residential facilities for pregnant women/pregnant teens and battered women are not available resources for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## NORTHEAST MASSACHUSETTS

### SUMMARY OF LOWELL AREA OFFICE

It is estimated that the percentage of open cases in this office that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 26% to 50%. This office did not possess any guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. Training of social workers is needed in identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol treatment. Drug/alcohol treatment resources are inadequate for all groups of consumers.

NA, ALANON(drug) and ALATEEN(drug) are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and community residential facilities for mothers/no child care needs and battered women. Halfway houses and community residential facilities for fathers/other male adult, adolescents, mothers with young children and pregnant women/pregnant teens are not available resources for drug treatment.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. The following resources for alcohol treatment are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for mothers with no child care needs and battered women. Community residential facilities for adolescents, mothers with young children and pregnant women/pregnant teens are not available as resources for alcohol treatment.

The most important resource which is needed, but not available is for adolescents. Treatment resources for substance abuse are, overall, available but difficult to access.

## SUMMARY OF LAWRENCE AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that involve drugs/alcohol are 51% to 75%. The area office had no guides/directories for referrals for drug treatment in its possession at the time of the survey. The area staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The most important type of training specific to substance abusing families needed by social workers is identifying risk factors to the children. Pregnant women/pregnant teens are most in need of drug/alcohol treatment. Drug/alcohol treatment resources are inadequate for all groups of consumers.

NA, ALANON(drug), and ALATEEN(drug) are readily available resources for drug treatment. The following resources for drug treatment are available, but difficult to access: detox, out-patient treatment facilities, halfway houses and community residential services for adolescents. The following resources are not available for drug treatment: in-patient treatment facilities, and community residential services for fathers/ other male adults, mothers/no child care needs, mothers with young children, pregnant women and pregnant teens and battered women.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. Detox and out-patient treatment facilities are resources that are available for alcohol treatment, but difficult to obtain. The following resources are not available for alcohol treatment: in-patient treatment facilities, halfway houses and community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

The most important treatment resource which is needed, but not available is in-patient medical care. Treatment resources for substance abuse are, overall, not available. One readily available resource is self-help groups for any age.



## SUMMARY OF HAVERHILL AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. The area office had guides/directories in its possession for referrals for drug treatment. The staff is knowledgeable of substance abuse related problems. The most important type of training, specific to substance abusing families, needed by social workers is diagnosis, assessment, and development of service plans. Mothers with young children are most in need of drug/alcohol treatment services. Drug/alcohol treatment resources are inadequate for all consumer groups in this area.

NA, ALANON(drug) and ALATEEN(drug) are readily available resources for drug treatment. Community residential services for adolescents are available, but difficult to access. The following resources are not available for drug treatment: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for fathers/other male adults, mothers with young children, pregnant women/pregnant teens and battered women.

AA, ALANON(drug), and ALATEEN(drug) are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for fathers/other male adult, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

The most needed treatment resource which is not available is for mothers with young children. Treatment resources for substance abuse are, overall, available, but difficult to obtain. Two readily available resources for substance abuse are TCA (counseling outreach) and Phoenix East (inpatient).

## SUMMARY OF CAPE ANN SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases and supported child abuse and neglect reports involving drugs/alcohol are 51% to 75%. The office did have guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is knowledgeable about substance abuse related problems, but would like further training. The most important type of training, specific to substance abusing families, needed by social workers in your area is dealing with resistant/hostile clients. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

The following types of resources for drug treatment are available, but difficult to access: in-patient treatment facilities, out-patient facilities, NA, ALANON(drug), and ALATEEN(drug). The following resources are not available for drug treatment: detox, halfway houses, community residential facilities for all groups and Cocaine Anonymous.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. In-patient treatment facilities and out-patient treatment facilities are available treatment resources



for alcohol treatment, but difficult to access. The following resources are available for alcohol treatment, but difficult to access: detox, halfway houses and community residential facilities for all groups.

The most important resource which is needed, but not available is detox. Treatment resources for substance abuse are, overall, available, but difficult to access.

Former DANVERS/SALEM AREA OFFICE - no data received.

## SUMMARY OF LYNN AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that involve drugs/alcohol is 76% and more. The office did not have guides/directories in its possession at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. The most important type of training, specific to substance abusing families, needed by social workers is how to deal with resistant/hostile clients. Mothers with young children are most in need of drug/alcohol service. Drug/alcohol resources are inadequate for all groups of consumers.

Self-help groups (NA, CA, ALANON and ALATEEN) are readily available resources for drug treatment. The following resources for drug treatment are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and community residential facilities for battered women. The following resources are not available for drug treatment: halfway houses and community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, and pregnant women/pregnant teens.

Self-help groups (AA, ALANON and ALATEEN) are readily available resources for alcohol treatment. Detox is available for alcohol treatment, but difficult to access.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## SUMMARY OF EASTERN MIDDLESEX AREA

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 76% and more. This office did have guides/ directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The most important type of training, specific to substance abusing families, needed by social workers is identifying risk factors to the children. Adolescents are most in need of drug/alcohol services. Drug/alcohol treatment resources are adequate for fathers/other male adults and mothers/no child care needs. Drug/alcohol treatment resources are inadequate for adolescents mothers with young children and pregnant women/pregnant teens.

NA and cocaine anonymous are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for adolescents, mothers/no child care needs and mothers with young children. Community residential facilities for pregnant women/pregnant teens are not available.

The following resources are readily available for alcohol treatment: detox, in-patient treatment facilities, out-patient treatment facilities, community residential facilities for mothers/no child care needs, AA, ALANON, and ALATEEN. Halfway houses are available for alcohol treatment, but difficult to access. Community residential facilities for adolescents, mothers with young children, pregnant women/pregnant teens and battered women are not available resources for alcohol treatment.

Community residential services for adolescents is the most needed treatment resource, but is not available.

## SUMMARY OF TRI-CITY SITE (Now incorporated into E. MIDDLESEX AREA)

It is estimated that the percentage of open cases and also supported child abuse and neglect reports involving drugs/alcohol is 51% to 75%. The area office did have guides/directories in its possession for referrals for drug treatment at the time of the survey. The staff is knowledgeable about substance abuse related problems. The most important type of training, specific to substance abusing families, needed by social workers is diagnosis, assessment, and development of service plans. Pregnant women/pregnant teens are most in need of alcohol and drug treatment. Treatment resources are inadequate for all consumer groups.

Self-help groups (NA, CA, ALANON and ALATEEN) are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for pregnant women/pregnant teens and battered women. The following resources are not available for drug treatment: in-patient



treatment facilities and community residential facilities for adolescents, mothers/ no child care needs and mothers with young children.

AA and ALATEEN are readily available resources for alcohol treatment. The following are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient facilities, community residential facilities for mothers/no child care needs and mothers with young children, and ALANON. Resources not available for alcohol treatment are: in-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults, adolescents and pregnant women/pregnant teens.

Treatment resources are, overall, available, but difficult to access.

## SUMMARY OF FRAMINGHAM AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports involving drugs/alcohol is 76% and more. This office did have guides/directories in its possession, although they needed updating. The staff is somewhat knowledgeable of substance abuse problems, but would like further training. The type of training, specific to substance abusing families, needed by social workers is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol services. Treatment resources are inadequate for all groups of consumers.

ALANON(drug), and ALATEEN(drug) are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, and halfway houses. Community residential facilities for all groups and Cocaine Anonymous are not available resources for drug treatment.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and halfway houses. Community residential facilities for all groups are not available for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access. Clients' denial of substance abuse problems is a significant problem in accessing services.

## SUMMARY OF CONCORD AREA (Now part of FRAMINGHAM/MARLBOROUGH AREA)

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports involving drugs/alcohol is 26% to 50%. This office did have guides/directories in its possession for referrals for drug treatment. The staff is knowledgeable of substance abuse related problems. The most important type of training, specific to substance abusing families, needed by social workers is diagnosis, assessment, and development of service plans. Adolescents are most in need of drug/alcohol services. Drug/alcohol resources are adequate for the following groups: fathers/other male adult, mothers/no child care needs and battered women. Drug/alcohol resources are inadequate for mothers with young children and pregnant women/pregnant teens, as well as adolescents.

The following are readily available resources for drug treatment: out-patient treatment facilities, NA and ALATEEN(drug). Detox is an available resource for drug treatment, but it is difficult to access. The following resources are not available resources for drug treatment: in-patient treatment facilities, halfway houses, community residential facilities for all groups, Cocaine Anonymous, and ALATEEN.

The following are readily available resources for alcohol treatment: detox, out-patient treatment facilities, AA, ALANON, and ALATEEN. The following are not available resources for alcohol treatment: in-patient treatment facilities, halfway houses



and community residential facilities for fathers/other male adults, adolescents, mothers/no child care needs, mothers with young children, pregnant women/pregnant teens and battered women.

Treatment resources for substance abuse are, overall, available, but difficult to access.

#### SUMMARY OF MARLBOROUGH SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 26% to 50%. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. This office did have guides/directories for referrals for drug treatment in its possession at the time of the survey. The type of training, specific to substance abuse, most needed by social workers, is dealing with resistant/hostile clients. Fathers/other male adults are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

Out-patient treatment facilities and halfway houses are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: in-patient treatment facilities, NA, CA, ALANON and ALATEEN. Detox and community residential facilities for all groups are not available for drug treatment.

All types of resources are available, but difficult to access for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## SUMMARY OF CAMBRIDGE/SOMERVILLE AREA OFFICE

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 76% and more. This office did have in its possession guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable about substance abuse related problems, but would like further training. The type of training, specific to substance abuse, most needed by social workers is diagnosis, assessment and development of service plans. Mothers with young children are most in need of drug/alcohol services. Treatment resources are adequate for fathers/other male adults; and inadequate for adolescents, mothers with young children and pregnant women/pregnant teens.

The following resources are readily available for drug treatment: detox, out-patient treatment facilities, community residential services for fathers/other male adults, NA, CA, ALANON and ALATEEN. The following resources are available for drug treatment, but difficult to access: in-patient treatment facilities, halfway houses, and community residential facilities for adolescents, mothers/no child care needs, and mothers with young children. Community residential facilities for pregnant women/pregnant teens are not available resources for drug treatment.

The following resources are readily available for alcohol treatment: detox, out-patient treatment facilities, community residential facilities for fathers/other male adults and adolescents, AA, ALANON and ALATEEN. The following resources are available for alcohol treatment, but difficult to access: in-patient treatment facilities, halfway houses, and community residential facilities for mothers/no child care needs, mothers with young children and battered women. Community residential services for pregnant women/pregnant teens are not available.

Treatment resources for substance abuse are, overall, available, but difficult to access.

## SUMMARY OF ARLINGTON SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases and also the percentage of supported child abuse and neglect reports, both involving drugs/alcohol, is 51% to 75%. The office did have guides/directories for referrals for drug treatment in its possession. The staff is somewhat knowledgeable of substance abuse problems, but would like further training. The type of training, specific to substance abusing families, needed by social workers is diagnosis, assessment and development of service plans. Battered women are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

Detox and in-patient treatment facilities are available resources for drug treatment, but are difficult to access. The following resources for drug treatment are not available: out-patient treatment facilities, halfway houses and community residential facilities for all groups.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and community residential services for adolescents. Halfway houses and community residential services for fathers/other male adults and pregnant women/teens are not available for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to obtain.



## SUMMARY OF WALTHAM AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that involve drugs/alcohol is 51% to 75%. This office did have guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. Fathers/other male adults are most in need of drug/alcohol services, followed by mothers with young children.

All services are available for drug treatment, but difficult to access.

AA is a readily available resource for alcohol treatment. All other resources for alcohol treatment are available, but difficult to access.

Detox for adolescents is a resource which is most needed, but not available. Treatment resources for substance abuse are, overall, available, but difficult to access.

## SUMMARY OF NEWTON AREA (Now incorporated into WALTHAM AREA)

It is estimated that the percentage of open cases and supported 51A reports that are drug/alcohol involved is 51% to 75%. This office did have guides/directories in its possession for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is dealing with the impact of substance abuse on families. Drug/alcohol treatment resources are adequate for father/other male adults and mothers/no child care needs; and inadequate for adolescents and mothers with young children.

Out-patient treatment facilities and NA are readily available resources for drug treatment. Detox and in-patient treatment facilities are available for drug treatment, but difficult to access. The following resources are not available for drug treatment: halfway houses, community residential facilities for all groups, Cocaine Anonymous, ALANON and ALATEEN.

The following resources are readily available for alcohol treatment: detox, in-patient treatment facilities, out-patient treatment facilities, AA, ALANON and ALATEEN. Community residential facilities for adolescents, mothers/no child care needs and mothers with young children are available for alcohol treatment, but difficult to access. Resources that are not available for alcohol treatment are: halfway houses and community residential facilities for fathers/other male adults, pregnant women/pregnant teens and battered women.

Treatment resources for substance abuse are, overall, available, but difficult to obtain. Training that involves combining substance abuse with child development issues would be useful for all staff.



## SOUTHEAST MASSACHUSETTS

### SUMMARY OF QUINCY AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol related is 76% and more. This office did have guides/directories for referrals of drug treatment in its possession. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is diagnosis, assessment and development of service plans. Mothers with young children are most in need of drug/alcohol services. Treatment resources for all groups of consumers are inadequate.

The following treatment resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, NA, ALANON(drug) and ALATEEN(drug). The following resources are not available for drug treatment: halfway houses, community residential facilities for all groups and CA.

AA and ALANON are readily available resources for alcohol treatment. Out-patient treatment facilities and ALATEEN are available for alcohol treatment, but difficult to access. The following treatment resources are not available for alcohol treatment: detox, in-patient treatment facilities, halfway houses and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, not available. There is a two month wait list, even for outpatient alcohol and drug counseling.

### SUMMARY OF WEYMOUTH SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that are drug/alcohol related is 76% and more. The percentage of supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. The office did not have guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is identifying risk factors to the children. Fathers/other male adults are most in need of drug/alcohol services. Treatment resources are inadequate for all groups of consumers.

Resources that are readily available for drug treatment are: NA, CA, ALANON(drug) and ALATEEN(drug). Detox and in-patient treatment resources are resources that are available, but difficult to obtain. The following treatment resources are not available for drug treatment: out-patient treatment facilities, halfway houses and community residential facilities for all groups.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. Alcohol treatment resources that are available, but difficult to obtain are: detox, in-patient treatment facilities and out-patient treatment facilities. Halfway houses

and community residential facilities for all groups are not available for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## SUMMARY OF ATTLEBORO AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. The office did have guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers, is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers except for fathers/other male adults.

The following resources are readily available for drug treatment: community residential facilities for battered women, NA, ALANON and ALATEEN. Drug treatment resources that are available, but difficult to obtain are: detox, in-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults and adolescents. The following treatment facilities are not available: out-patient treatment facilities, community residential facilities for mothers/no child care needs, mothers with young children and pregnant women/ pregnant teens, and Cocaine Anonymous.

The following resources for alcohol treatment are readily available: detox, community residential facilities for battered women, AA, ALANON and ALATEEN. The following resources for alcohol treatment are available, but difficult to obtain: in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adult, adolescents and mothers/no child care needs.

Treatment resources for substance abuse are, overall, not available. There are few halfway houses or detox facilities for women.

## SUMMARY OF NORWOOD SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that involve drugs/alcohol is 26% to 50%. The estimated percentage of supported child abuse and neglect reports that involve drugs/alcohol is less than 25%. This office had no guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers, is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol services. Treatment resources are inadequate for all groups of consumers.

The following treatment resources for drug treatment are readily available: detox, NA, CA, ALANON(drug) and ALATEEN(drug). The following resources are available for drug treatment, but difficult to access. In-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential services for all groups.



The following resources are readily available for alcohol treatment: detox, AA, ALANON and ALATEEN. In-patient treatment facilities and out-patient treatment facilities are available for alcohol treatment, but difficult to access. Halfway houses and community residential facilities for all groups are not available for alcohol treatment.

Treatment resources are, overall, available, but difficult to access.

#### SUMMARY OF TAUNTON SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol related is 76% and more. This office had no guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers, is identifying risk factors to the children. Pregnant women/pregnant teens are most in need of drug/alcohol services. Treatment resources for fathers/other male adults and mothers with young children are adequate; and treatment resources for adolescents, pregnant women/pregnant teens and battered women are inadequate.

NA and ALANON(drug) are readily available resources for drug treatment. Out-patient treatment facilities and halfway houses are available resources for drug treatment, but difficult to access. The following treatment resources for drug treatment are not available: detox, in-patient treatment facilities, community residential facilities for all groups, Cocaine Anonymous, and ALATEEN.

AA and ALANON are readily available resources for alcohol treatment. ALATEEN is available for alcohol treatment, but difficult to access. The following resources are not available for alcohol treatment: detox, in-patient treatment facilities, out-patient treatment facilities and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, not available. The greatest needs are community residential services for adolescents and pregnant women/pregnant teens, and outpatient services for all groups. Programs that are present in the area usually refuse to take Medicaid.

## SUMMARY OF BROCKTON AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that involve drugs/alcohol is 51% to 75%. The office did have in its possession guides/directories for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol service. Drug/alcohol treatment resources are inadequate for all groups.

Resources that are readily available for drug treatment are: detox, NA, ALANON(drug), and ALATEEN(drug). The following resources are available for drug treatment, but difficult to access: in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential services for fathers/other male adults, mothers/no child care needs and battered women. Community residential facilities for adolescents, mothers with young children, and pregnant women/pregnant teens are not available for drug treatment.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults, mothers/no child care needs and battered women. Community residential services for adolescents, mothers with young children, and pregnant women/pregnant teens are unavailable.

Treatment resources for substance abuse are, overall, available, but difficult to obtain. While resources exist, waiting lists and other factors that impact on securing services for substance abusing consumers create exceptionally long waiting periods.



## SUMMARY OF FALL RIVER AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. This office did have guides/directories for referrals for drug treatment in its possession at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is identifying risk factors to children. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

Resources that are readily available for drug treatment are out-patient treatment facilities and NA. Detox and halfway houses are available for drug treatment, but difficult to access. The following resources for drug treatment are not available: in-patient treatment facilities, community residential facilities for all groups, ALANON(drug) and ALATEEN(drug).

Readily available resources for alcohol treatment are out-patient treatment facilities, AA and ALANON. Detox, halfway houses and ALATEEN are available for alcohol treatment, but difficult to access. Resources that are not available for alcohol treatment are in-patient treatment facilities and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, available but difficult to obtain.



## SUMMARY OF NEW BEDFORD AREA OFFICE

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug alcohol involved is 51% to 75%. The staff is knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers, is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

Drug treatment resources that are readily available are NA, CA, ALANON, and ALATEEN. Detox and out-patient treatment facilities are available for drug treatment, but difficult to access. The following drug treatment resources are not available: in-patient treatment facilities, halfway houses and community residential facilities for all groups.

AA, ALANON, and ALATEEN are readily available treatment resources for alcohol treatment. Resources that are available for alcohol treatment, but difficult to access are: detox, out-patient treatment facilities and halfway houses. In-patient treatment facilities and community residential facilities for all groups are not available resources for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.

## SUMMARY OF CAPE AND ISLANDS AREA

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. This office did have in its possession guides/directories for referrals for drug treatment at the time of the survey. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The most important type of training, specific to substance abuse related problems, needed by social workers is diagnosis, assessment, and development of service plans. Fathers/other male adults are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

The following resources are available for drug treatment, but difficult to access: NA, CA, ALANON, and ALATEEN. The following resources are not available for drug treatment: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for all groups.

Detox is a readily available resource for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: in-patient treatment facilities, out-patient treatment facilities, AA, ALANON, and ALATEEN. Halfway houses and community residential facilities for all groups are not available for alcohol treatment.

Treatment resources for substance abuse are, overall, not available. The Area reports having to go out of state for treatment resources.

## SUMMARY OF PLYMOUTH SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. The office did have in its possession guides/directories for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse problems, but would like further training. The type of training most needed by social workers is diagnosis, assessment, and development of service plans. Mothers with young children are most in need of drug/alcohol services. Treatment resources are adequate for fathers/other male adults, mothers/no child care needs and battered women; and inadequate for adolescents and mothers with young children.

NA, ALANON and ALATEEN are readily available resources for drug treatment. Resources that are available, but difficult to access are: detox, in-patient treatment facilities, out-patient treatment facilities, and halfway houses. Community residential facilities for all groups are not available for drug treatment.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. The following resources are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, and halfway houses. Community residential facilities for all groups are not available resources for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.



BOSTON/BROOKLINE REGION

SUMMARY OF MORTON STREET AREA

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 76% and more. This office did have guides/directories in its possession. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is identifying risk factors to the children. Adolescent are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

NA, ALANON, and ALATEEN are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for fathers/other male adults and battered women. Community residential facilities for adolescents, mothers with young children and pregnant women/pregnant teens are not available.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient facilities, halfway houses and community residential facilities for mothers with no child care needs. Community residential facilities for fathers/other male adults, adolescents, mothers with young children, pregnant women/pregnant teens and battered women are not available for alcohol treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access. A funding mechanism for clients, without any third party insurance, is needed for urine testing.



SUMMARY OF ALLSTON SOCIAL SERVICE CENTER

It is estimated that the percentage of open cases that are drug/alcohol involved is 76% and more. The estimated percentage of supported child abuse and neglect reports involving drugs/alcohol is 51% to 75%. This office did have guides/ directories in its possession for referrals for drug treatment at the time of the survey. The staff is knowledgeable of substance abuse related problems. The type of training, specific to substance abusing families, most needed by social workers is identifying risk factors to the children. Mothers with young children are most in need of drug/alcohol service.

CA, ALANON, and ALATEEN are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for all groups.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following resources are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses, and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, available, but difficult to access.

SUMMARY OF BOSTON UNIVERSITY AREA OFFICE (Currently split between the DIMOCK STREET and SOLOMON CARTER FULLER MENTAL HEALTH CENTER AREAS.)

It is estimated that the percentage of open cases that are drug/alcohol involved is 51% to 75%. The estimated percentage of supported child abuse and neglect reports that are drug/alcohol involved is 76% and more. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is dealing with the impact of substance abuse on family functioning.

NA and ALATEEN(drug) are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, halfway houses and community residential facilities for fathers/other male adults, mothers/ no child care needs and battered women.

AA, ALANON and ALATEEN are readily available resources for alcohol treatment. The following resources for alcohol treatment are available, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities, and community residential facilities for fathers/others male adults, mothers with young children and battered women. Community residential facilities for adolescents, mothers with no child care needs and pregnant women/pregnant teens are not available.

Treatment resources for substance abuse are, overall, available, but difficult to access. There is an especially high need for substance abuse treatment programs that provide residential services for mothers and children who are housed together.

## SUMMARY OF FIELDS CORNER AREA

It is estimated that the percentage of open cases and supported child abuse and neglect reports that are drug/alcohol involved is 51% to 75%. This office did have in its possession guides/directories for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse related problems, but would like more training. The type of training, specific to substance abusing families, most needed by social workers, is diagnosis, assessment, and development of service plans. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

NA, CA, ALANON, and ALATEEN are readily available resources for drug treatment. The following resources are available for drug treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and community residential facilities for fathers/other male adults. Community residential facilities for adolescents, mothers with young children, pregnant women/pregnant teens, and battered women are not available for drug treatment.

AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following are available for alcohol treatment, but difficult to access: detox, in-patient treatment facilities, out-patient treatment facilities and community residential facilities for fathers/other male adults. Halfway houses and community residential facilities for all other groups, besides fathers/other male adults, are not available for treatment.

Treatment resources for substance abuse are, overall, available, but difficult to access.



## SUMMARY OF HARBOR AREA OFFICE (Including Chelsea and Charlestown)

It is estimated that the percentage of open cases and supported child abuse and neglect reports is 76% and more. This office did have guides/directories in its possession for referrals for drug treatment. The staff is somewhat knowledgeable of substance abuse related problems, but would like further training. The type of training, specific to substance abusing families, most needed by social workers is the impact of substance abuse on family functioning. Mothers with young children are most in need of drug/alcohol services. Drug/alcohol treatment resources are inadequate for all groups of consumers.

ALANON and ALATEEN are readily available resources for drug treatment. Halfway houses and community residential facilities for fathers/other male adults are available, but difficult to access. The following resources are not available for drug treatment: detox, in-patient treatment facilities, out-patient facilities, community residential facilities for all groups with the exception of fathers/other male adults, NA, and Cocaine Anonymous.

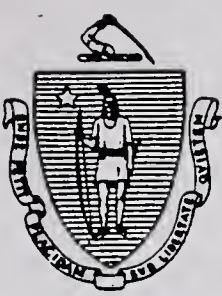
AA, ALANON, and ALATEEN are readily available resources for alcohol treatment. The following are available for alcohol treatment, but difficult to access: detox, out-patient treatment facilities, and halfway houses. Alcohol treatment resources that are not available for treatment are in-patient treatment facilities and community residential facilities for all groups.

Treatment resources for substance abuse are, overall, available, but difficult to access. This Area reports an alarming increase over the past year in child abuse and neglect reports associated with the use of all forms of cocaine. In addition, Chelsea has recently been added to the Harbor Area and Chelsea police are filing child abuse reports in any drug-related arrest where there are children in the home. This can be expected to create additional stresses on the service system even further, by increasing the proportion of protective cases associated with drug use.

APPENDIX B  
AREA SURVEY INSTRUMENT







Marie A. Matava  
Commissioner

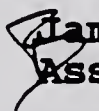
*The Commonwealth of Massachusetts*  
*Executive Office of Human Services*  
*Department of Social Services*

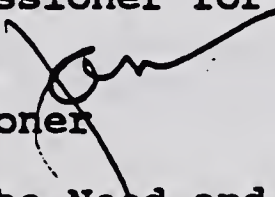
*150 Causeway Street*  
*Boston, Mass. 02114*

Tel: (617) 727-0900

May 4, 1989

To: Area Directors

From:  James L. Bell  
Assistant Commissioner for Professional Services

Through: Janet W. Eustis   
Deputy Commissioner

Re: Assessment of the Need and Availability of  
Drug and Alcohol Treatment Services.

The Research, Evaluation and Planning Unit in the Office for Professional Services is in the process of assessing the need for services to families with substance abuse problems. Findings from a study in the Boston Region have indicated that DSS social workers are working with a substantial number of families having substance abuse problems. [A copy of the report of that study is enclosed. A similar statewide data collection effort will be done this summer.] Along with these approaches to ascertaining the size of the problem, we are also directing our attention to the area perspective on the availability of substance abuse treatment services for families in our caseload.

Attached you will find a questionnaire we plan to use to clarify the need both for treatment resources and the social worker supports necessary for acquiring them for DSS families with substance abuse problems, especially where these problems are associated with child maltreatment and other domestic violence.

Please answer the questions in the survey as accurately as possible. It would be especially helpful if the survey was completed by the area management team, in consultation with supervisors and social workers. The questionnaire is brief and because the information is primarily qualitative and comparative, it should not take long to complete. While we are not asking you to spend time compiling quantitative data, we would appreciate your forwarding any quantitative information you have already collected that might further illuminate the situation in your area -

NEEDS ASSESSMENT  
SUBSTANCE ABUSE TREATMENT SERVICES

for example, waiting periods for residential drug treatment services or the percentage of referrals that were completed or rejected for alcohol abusing adolescents. The REP Unit will be preparing a summary report on the basis of the surveys you return; they will attempt to provide area-based summaries as well as regional and statewide overviews of the information received. It is therefore essential that all areas complete and return their surveys.

Please return your completed survey before 6/26/89 to:

Research, Evaluation, and Planning Unit  
Department of Social Services  
150 Causeway Street  
Boston, MA 02114

Attn. Magueye Seck

If you have any questions, please call Julia Herskowitz at 727-0900, Ext. 261.

Thank you in advance for your cooperation.



SUBSTANCE ABUSE NEEDS ASSESSMENT  
AREA SURVEY

REGION: \_\_\_\_\_ AREA \_\_\_\_\_ DATE COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. a) Do you estimate the percentage of open cases in your office that are drug/alcohol involved as:  
(Please check only one range)

\_\_\_\_\_ Less than 25%  
\_\_\_\_\_ 26 to 50%  
\_\_\_\_\_ 51 to 75%  
\_\_\_\_\_ 76% and more

- b) Do you estimate the percentage of supported 51A reports that are drug/alcohol involved as:

\_\_\_\_\_ Less than 25%  
\_\_\_\_\_ 26 to 50%  
\_\_\_\_\_ 51 to 75%  
\_\_\_\_\_ 76% and more

2. Does the area office have in its possession guides/directories for referrals for drug treatment? (check one)

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If Yes, please give the following information:

Source

Date of publication

\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your area staff in terms of how much they know about substance abuse related problems. (check one)

\_\_\_\_\_ Very knowledgeable  
\_\_\_\_\_ Knowledgeable  
\_\_\_\_\_ Somewhat knowledgeable, but would like further training

4. Please rate (1 through 6) the types of training, specific to substance abusing families, needed by social workers in your area. (1 being the most important).

\_\_\_\_\_ Diagnosis, assessment, and development of service plans  
\_\_\_\_\_ Locating/utilizing treatment resources  
\_\_\_\_\_ Identifying risk factors to the children  
\_\_\_\_\_ Dealing with resistant/hostile clients  
\_\_\_\_\_ Impact of substance abuse on family functioning  
\_\_\_\_\_ Cultural issues



5. For the families in your area caseload, how would you describe the needs of the following groups of consumers for drug/alcohol services? Please rank the following groups of consumers by their need for alcohol and drug treatment services in order from 1 to 7, (1 being the most in need).

- \_\_\_\_\_ Fathers/Other male adult
- \_\_\_\_\_ Adolescents
- \_\_\_\_\_ Mothers/no child care needs
- \_\_\_\_\_ Mothers with young children
- \_\_\_\_\_ Pregnant women/pregnant teens
- \_\_\_\_\_ Battered women
- \_\_\_\_\_ Others (please specify: \_\_\_\_\_)

6. Describe the adequacy of drug/alcohol treatment resources for the following groups of consumers in your area caseload?

	ADEQ	INADEQ	UNKNOWN
Fathers/other male adult.....	_____	_____	_____
Adolescents.....	_____	_____	_____
Mothers/no child care needs.....	_____	_____	_____
Mothers with young children.....	_____	_____	_____
Pregnant women/pregnant teens...	_____	_____	_____
Battered women.....	_____	_____	_____
Others (specify).....	_____	_____	_____

7. How would you describe the availability of the following types of resources for DRUG TREATMENT in your area?  
 (RA = READILY AVAILABLE) (A/DO = AVAILABLE BUT DIFFICULT TO OBTAIN) (NA = NOT AVAILABLE) (NS = NOT SURE)

	RA	A/DO	NA	NS
Detoxification .....	_____	_____	_____	_____
In-patient treatment facilities...	_____	_____	_____	_____
Out-patient treatment facilities..	_____	_____	_____	_____
Halfway houses .....	_____	_____	_____	_____
Community residential facilities..	_____	_____	_____	_____
(Fathers/other male adult).....	_____	_____	_____	_____
(Adolescents) .....	_____	_____	_____	_____
(Mothers/no child care needs)...	_____	_____	_____	_____
(Mothers with young children)...	_____	_____	_____	_____
(Pregnant women/pregnant teens).	_____	_____	_____	_____
(Battered women) .....	_____	_____	_____	_____
Self-help groups				
(Narcotics Anon) .....	_____	_____	_____	_____
(Cocaine Anon) .....	_____	_____	_____	_____
(ALANON, drug) .....	_____	_____	_____	_____
(ALATEEN, drug) .....	_____	_____	_____	_____

8. How would you describe the availability of the following types of resources for ALCOHOL TREATMENT in your area?  
 (RA = READILY AVAILABLE) (A/DO = AVAILABLE BUT DIFFICULT TO OBTAIN)  
 (NA = NOT AVAILABLE) (NS = NOT SURE)

	RA	A/DO	NA	NS
Detoxification .....	___	___	___	___
In-patient treatment facilities...	___	___	___	___
Out-patient treatment facilities..	___	___	___	___
Halfway houses .....	___	___	___	___
Community residential facilities				
(Fathers/other male adult) .....	___	___	___	___
(Adolescents) .....	___	___	___	___
(Mothers/no child care needs)...	___	___	___	___
(Mothers with young children)...	___	___	___	___
(Pregnant women/pregnant teens).	___	___	___	___
(Battered women) .....	___	___	___	___
Self-help groups				
(Alcohol Anon.) .....	___	___	___	___
(ALANON) .....	___	___	___	___
(ALATEEN) .....	___	___	___	___

9. Of the above treatment resources which are needed but not available in your area, please list in order of importance:  
 (1= most needed)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

10. For your area, how would you rate the ability of the following systems in providing help/services to children affected by substance abuse and its related family violence?

	EXC	VERY GOOD	GOOD	FAIR	POOR
Extended Family ..	___	___	___	___	___
Mental Health .....	___	___	___	___	___
Health Care .....	___	___	___	___	___
Friends .....	___	___	___	___	___
Employers .....	___	___	___	___	___
School .....	___	___	___	___	___
Courts .....	___	___	___	___	___
Police .....	___	___	___	___	___
Cultur/Relig.Inst.	___	___	___	___	___
Private Soc.Serv.	___	___	___	___	___

11. In terms of treatment resources for substance abuse that are present in your area, how would you describe the overall availability of these resources for DSS social worker referrals? (Please check one).

- Readily available
- Available but difficult to obtain
- Not available

12. List readily available resources, if any, by type and client group served:

TYPE OF RESOURCE:

CLIENT GROUP SERVED:

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13. If you have any quantitative data on waiting time, referrals made and/or rejected, or other figures that would help document the severity of need in your area, please attach.

If you have comments you wish to add, please use this space.  
THANK YOU.

REP UNIT: MAY, 1988

Completed by:

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